

247725

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2013 - 109 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Request for Suspension
RECEIVED

NOV 20 2013

TRANS DEPT

(Please type or print)

Submitted by: Shantia W. Addison

Telephone: (843) 365-6104

Address: 301 E. Burrell Rd, Unit 20
Conway, SC 29527

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input checked="" type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 11/20/13

Please consider this as my Request for *Suspension* of:

- ☒ Class C Taxi Certificate Number 8707
- ☐ Class C Charter Certificate Number _____
- ☐ Class C Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____
- ☐ Class E Household Goods Certificate Number _____
- ☐ Class E Hazardous Wastes Certificate Number _____

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TRANS DEPT

I request that my certificate be suspended until 5/21/14

Date: (XX/XX/XXXX)

Genie W. Addison
(Name of Company)

D/B/A

Genie's Taxi
(If applicable)

301 E. Bethel Rd., Unit 20
(Street and or Mailing Address)

Columbia, SC 29527
(City, State, Zip Code)

(843) 365-6104
(Telephone Number)

[Signature]
(Signature and Title, i.e., President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

Closing down for the winter, due to loss of business